Invitation Letter

Medical/ Ayush Visa

File Reference No.: M0407257TF81



104072571F81

Generated on	:	04/07/2025	

Hospital Details

Hospital ID	I4H1	Reg. No. of Hospital	69387			
Name	APOLLO PROTON CANCER CENTRE					
Address	4/661,7TH STREET, TARAMANI					
City/District	CHENNAI State TAMIL NADU					
Phone no.	044-24548888	Mobile no. 7550014676				

Nodal Officer Details

Name	BALASUBRAMANIYAM S		MANAGER INTERNATIONAL PATIENT SERVICES
Contact Number	044-24548888	Email	internationalquery_apcc@apollohos pitals.com

Details of the Patient

Surname	BEGUM	Given name	FATEMA
Gender	FEMALE	Date of Birth	09/10/1984
Nationality	BANGLADESH	Passport No.	A09457473

Address in Native Country

Address in Native Country	SOUTH CHADPAI, MONGLA, MITHAKHALI-9350, BAGERHAT
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Address/ Reference in India

Address in India	in India 4/661, DR VIKRAM SARABAI INSTRONIC ESTATE 7TH ST, DR. VASI ESTATE, PHASE II, THARAMANI, CHENNAI, TAMIL NADU 600041						
State	TAMIL NADU	U City/ District CHENNAI Pin Code 600041					
Contact Number (in Native 01317311505 Country)				Contact Number (in India)	7550014676		
Email Id		hrbappi23@gmail.	.com				

Details of Treatment

Diagnosis/ Proposed Treatment	BILATERAL RUDIMENTARY CERVICAL RIBS.					
Name of Doctor	SURGICAL ONCOLOGY	URGICAL ONCOLOGY Department (Speciality) GYNECOLOGY				
Cost of Treatment (Rs.)		Duration of Treatment in Hospital (days)	30			
Tentative duration of Stay(Days)						

Details of Attendant

Sr No.	1						
Surname		SHEIKH		Given Name	MD ABUL HISSAIN		
Gender		MALE		Date of Birth	20/10/1974		
Nationality		BANGLADESH	BANGLADESH Passport No. A09457472				
Address in N	ative Country	SOUTH CHADPA	SOUTH CHADPAI, MONGLA, MITHAKHALI-9350, BAGERHAT				
Address in In	dia	4/661, DR VIKRAM SARABAI INSTRONIC ESTATE 7TH ST, DR. VASI ESTATE, PHASE II, THARAMANI, CHENN, TAMIL NADU 600041				RAMANI, CHENNAI,	
State	TAMIL NADU		City/ District	CHENNAI	Pin Code	600041	
Contact Number (In Native 01317311505 Country)		Contact Number (In India)	7550014676				
Email Id		hrbappi23@gmail.	.com	Relationship with the patient	BROTHER		

Sr No.	2					
Surname HAJI				Given Name	MD JAHANGIR	
Gender		MALE		Date of Birth	14/03/1978	
Nationality		BANGLADESH		Passport No.	A09457471	
Address in Nativ	e Country	SOUTH CHADPAI	, MONGLA, MITHAKH	IALI-9350, BAGERHAT		
Address in India		4/661, DR VIKRAN	A SARABAI INSTRON	IC ESTATE 7TH ST, DR. VASI ESTATE	, PHASE II,	
State	TAMIL NADU	City/ District		CHENNAI	Pin Code	600041
Contact Number (In Native 01317311505 Country)			Contact Number (In India)	7550014676		
Email Id hrbappi23@gmail.com Relationship with the patient SPOUSE						

(Authorised Signatory) (Digital)

Note: Please note that the Medical Invitation Letter Number becomes valid for visa application two hours after it is generated.

^{**} Parents (Foreigners) of the child (ren) born in India have to get the birth of their child (ren) registered with jurisdicational FRRO/FRO within 14 days of the birth.